### FORM (RF-3)

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 03/01/2013              | <b>:</b>                            |

| -          | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) ** |
|------------|--|--|------------------------------|
| 1.         | Automobile Liability Private   |  |                              |
|            | Passenger  |  |                              |
|            | Commercial   |  |                              |
| 2          | Automobile Physical Damag  |  |                              |
|            | Private Passenger  |  |                              |
|            | Commercial   |  |                              |
| 3.         | Liability Other Than Auto  |  |                              |
| 4.         | Burglary and Theft   |  |                              |
| 5.         | Glass  |  |                              |
| <b>3</b> . | Fidelity   |  |                              |
| 7.         | Surety   |  |                              |
| 3.         | Boiler and Machinery   |  |                              |
| €.         | Fire   |  |                              |
| 10.        | Extended Coverage  |  |                              |
| 11.        | Inland Marine  |  |                              |
| 12.        | Homeowners   |  |                              |
| 13.        | Commercial Multi-Peril   |  |                              |
| 14.        | Crop Hail  |  |                              |
| 15.        | Other Umbrella   | 379,878                                      | +5.1%                        |
|            | Life of Insurance  |  |                              |
| •          | 5 60   |  |                              |
|            | Does filing only apply to certa  | in territory (territories) or                | certain                      |
|            | Classes? If so,  |  |                              |
|            | specify: N/A   |  |                              |
|            | Brief description of filing. (If fi Organization, specify organization): | ling follows rates of an a                   | dvisory                      |
|            | Made changes to the Commercial   | Auto Liability rates                         |                              |
|            | Made changes to the Commercial   | Auto Liability rates                         |                              |
|            | *Adjusted to reflect all prior ra **Change in Company's premates.        |  | It from application of new   |
|            |  | Argonaut Great Ce                            | entral Insurance Company     |
|            |  | Nai  | me of Company                |
|            |  | Shelly Martin - Reg                          |                              |
|            |  |  | Official – Title             |

Form (RF-3)

|                | (1)  | (2)  | (3)                          |
|----------------|--|--|------------------------------|
|                | Coverage   | Annual Premium Volume (Illinois)*                          | Percent Change<br>(+ or -)** |
|                | Coverage   | voidine (minoto)   |                              |
| 1.             | Automobile Liability   |  |                              |
|                | Private Passenger  |  |                              |
|                | Commercial   |  |                              |
| 2.             | Automobile Physical Damage   |  |                              |
|                | Private Passenger  | ***************************************                    |                              |
|                | Commercial   |  |                              |
| 3.             | Liability Other Than Auto  |  |                              |
| 4.             | Burglary and Theft   |  |                              |
| 5.             | Glass  |  | 4                            |
| 6.             | Fidelity   |  |                              |
| 7.             | Surety   |  |                              |
| 8.             | Boiler and Machinery   |  |                              |
| 9.             | Fire   |  |                              |
| 10.            | Extended Coverage  |  |                              |
| 11.            | Inland Marine  |  |                              |
| 12.            | Homeowners   |  |                              |
| 13.            | Commercial Multi-Peril   |  |                              |
| 14.            | Crop Hail  |  |                              |
| 15.            |  |  |                              |
| 16.            | Other Commercial Package Policy  | \$22,688,868   | 6.0%                         |
|                | Line of Insurance  |  |                              |
| es filin       | g only apply to certain territory (territories                                   | s) or certain classes? If so, specify                      | : The revision applie        |
|                | tories.  |  |                              |
| efdeso<br>th t | cription of filing. (If filing follows rates of<br>this filling, we are revising | f an advisory organization, specify ng our package modific | organization):<br>cations.   |
|                | to reflect all prior rate changes.   |  |                              |
|                | e in Company's premium level which   |  |                              |
| vill res       | sult from application of new rates.  |  |                              |
|                |  | COUNTRY Mutual Insurance (                                 | Company                      |
|                |  | Name of Company  |                              |
|                |  | Okaharl a South  |                              |
|                |  | 10 March on the market 1 1 months and the                  |                              |
|                |  | -  |                              |
|                |  | Richard A. Smith   |                              |
|                |  | -  | у                            |

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/13 (2) (3) (1) Percent Annual Premium Volume (Illinois) \* Change (+ or -) \*\* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 103,390 +27.5% 15. Other Earthquake Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising Loss Cost Multipliers \* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates.

Name of Company
Federated Mutual Insurance Company

Official - Title

Dogle Glen

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate 4/1/13 revision effective (2) (3) (1) Annual Premium Percent Coverage Volume (Illinois) \* Change (+ or -) \*\* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail +27.5% 15. Other Earthquake 12,332 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revising Loss Cost Multipliers Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Name of Company
Federated Service Insurance Company
Official – Title

Doyle Glen

# FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 04/01/2013              |                                    |

| -          | (1)   | (2)<br>Annual Premium                   | (3)<br>Percent            |
|------------|---|---|---------------------------|
|            | Coverage  | Volume (Illinois) *                     | Change (+or-) **          |
| 1.         | Automobile Liability Private  |   |                           |
|            | Passenger   |   |                           |
|            | Commercial  |   |                           |
| 2          | Automobile Physical Damag   |   |                           |
|            | Private Passenger   |   | •                         |
|            | Commercial  |   |                           |
| 3.         | Liability Other Than Auto   |   |                           |
| 4.         | Burglary and Theft  |   |                           |
| 5.         | Glass   |   |                           |
| 6.         | Fidelity  |   |                           |
| 7.         | Surety  |   |                           |
| 8.         | Boiler and Machinery  |   |                           |
| 9.         | Fire  |   |                           |
| 9.<br>10.  | · ·   | *************************************** |                           |
| 10.<br>11. | Extended Coverage Inland Marine   | · · · · · · · · · · · · · · · · · · ·   |                           |
|            |   |   |                           |
| 12.        | Homeowners  |   |                           |
| 13.        | Commercial Multi-Peril  |   |                           |
| 14.        | Crop Hail   |   |                           |
| 15.        | Other General Liability   | 323,682                                 | 1.6%                      |
|            | Life of Insurance   |   |                           |
| •          | Does filing only apply to certai  | n tarritany (tarritarias) ar            | cortain                   |
|            | Classes? If so.   | in territory (territories) or           | Certain                   |
|            | specify: No.  |   |                           |
|            | specify.  |   |                           |
|            | Brief description of filing. (If fil<br>Organization, specify<br>organization):<br>GL-2012-BGL1 and to change our l | We are filing to adopt Is               | •                         |
|            |   |   |                           |
|            | *Adjusted to reflect all prior rat **Change in Company's premi  |   | t from application of new |
|            | rates.  |   |                           |
|            |   | Florists' Mutual Insu                   |                           |
|            |   |   | ne of Company             |
|            |   | Andrea Coalson, A                       |                           |
|            |   | C                                       | Official – Title          |

# FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 05/01/2013              |                                    |

| -   | (1)   | (2)<br>Annual Premium          | (3)<br>Percent                         |
|-----|---|--------------------------------|--|
|     | Coverage                                    | Volume (Illinois) *            | Change (+or-) **                       |
| 1.  | Automobile Liability Private                |                                |  |
|     | Passenger                                   |                                |  |
|     | Commercial                                  |                                |  |
| 2   | Automobile Physical Damag                   |                                |  |
|     | Private Passenger                           |                                | •                                      |
|     | Commercial                                  |                                |  |
| 3.  | Liability Other Than Auto                   |                                |  |
| 4.  | Burglary and Theft                          |                                |  |
| 5.  | Glass                                       |                                |  |
| 6.  | Fidelity                                    |                                |  |
| 7.  | Surety                                      |                                |  |
| 8.  | Boiler and Machinery                        |                                |  |
| 9.  | Fire  |                                |  |
| 10. | Extended Coverage                           |                                |  |
| 11. | Inland Marine                               |                                |  |
| 12. | Homeowners                                  |                                |  |
| 13. | Commercial Multi-Peril                      |                                |  |
| 14. | Crop Hail                                   | 4                              |  |
| 15. | Other General Liability                     | 498,282                        | -2.3%                                  |
|     | Line of Insurance                           |                                |  |
| •   |   |                                |  |
|     | Does filing only apply to certai            | n territory (territories) or o | certain                                |
|     | Classes? If so,                             |                                |  |
|     | specify: No.                                |                                |  |
|     |   |                                |  |
|     | Brief description of filing. (If fil        | ling follows rates of an ad    | visory                                 |
|     | Organization, specify                       |                                |  |
|     | organization):                              |                                |  |
|     | We are filing to adopt ISO reference filing | GL-2012-IALL1.                 |  |
|     |   |                                | ······································ |
|     | *Adjusted to reflect all prior rate         |                                |  |
|     | **Change in Company's premi                 | ium level which will result    | from application of new                |
|     | rates.                                      |                                |  |
|     |   | Florists' Mutual Insu          |  |
|     |   |                                | ne of Company                          |
|     |   | Andrea Coalson, Act            |  |
|     |   | 0                              | fficial – Title                        |

Form (RF-3)

### **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate level produced l  | by rate revision effective                    | 1/16/2013  |
|---|---|--|
|   | (2)<br>nual Premium<br><u>ume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u>       |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage  |   |  |
| 12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Prof Liability - Insurance Agents Brokers Line of Insurance  Does filing only apply to certain territory (territories) or of Applies to all territories in Illinois. Classes do not apply. | certain classes? If so, spe                   |  |
| Brief description of filing. (If filing follows rates of an advanced Rating Rule  |   |  |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result   |   |  |
|   | Libert  | y Insurance Underwriters Inc.<br>Name of Company |
|   | Polly Becker                                  | Senior State Filing Analyst Official - Title     |

## FORM (RF-3)

| (1)<br>Coverage                                | (2) Annual Premium Volume (Illinois) *   | (3) Percent Change (+or-) **   |
|--|--|--|
| Automobile Liability Private                   | voidine (ininois)  | - Onange (*Or)   |
| Passenger                                      |  |  |
| Commercial                                     | 44   |  |
| Automobile Physical Damag                      |  |  |
| Private Passenger                              |  | •  |
| Commercial                                     |  | · Budget-Anna company of the company |
| Liability Other Than Auto                      |  |  |
| Burglary and Theft                             |  |  |
| Glass  |  | · OCALIAN SPANISHER STATE STAT |
| Fidelity                                       | - and an interface of the second and a second   |  |
| Surety   | **************************************   |  |
| Boiler and Machinery                           | ***************************************  |  |
| Fire   | •  |  |
| Extended Coverage                              |  | The state of the s |
| Inland Marine                                  | A  |  |
| Homeowners                                     |  |  |
| Commercial Multi-Peril                         |  |  |
| Crop Hail                                      |  | was the first the state of the  |
| Other Equipment Breakdown                      | 2366   | 150%   |
| Life of Insurance                              | Annual Control of the | En el constante en el constant |
| Does filing only apply to cert Classes? If so, | ain territory (territories) or   | certain  |
| specify: No                                    |  |  |
| Brief description of filing. (If               | filing follows rates of an a   | advisory   |
| Organization, specify                          | ming tonows rates of arro  | id Vidor y   |
| organization):                                 | We have changed our Eq   | uipment Breakdown Reinsurer to Zuric   |
| from Travelers. We are unable to determ        | And the second s |  |
| premium depend on so many different fac        |  |  |
| *Adjusted to reflect all prior r               | P  |  |
| **Change in Company's pre-                     |  | It from application of new   |
| rates.   |  | • •  |
|  | National Fire and  | Indemnity Exchange   |
|  | Na   | me of Company  |
|  | Gloria Ransom, Se  | cretary  |
|  | Comment of the Commen | Official – Title   |

#### **SUMMARY SHEET**

| C                       | Change in Company's premium or rate   | e level produced by rate revision effective   | 02/21/2013  |
|-------------------------|---|---|---|
|                         | (1)   | (2)<br>Annual Premium   | (3)<br>Percent  |
|                         | Coverage  | Volume (Illinois)*  | <u>Change (+ or -)**</u>  |
| 1.                      | Automobile Liability  |   |   |
|                         | Private Passenger   |   |   |
| •                       | Commercial  |   |   |
| 2.                      | Automobile Physical Damage<br>Private Passenger   |   |   |
|                         | Commercial  |   |   |
| 3.                      | Liability Other Than Auto   |   |   |
| 4.                      | Burglary and Theft  |   |   |
| 5.                      | Glass   |   |   |
| 6.                      | Fidelity  |   |   |
| 7.                      | Surety  |   |   |
| 8.                      | Boiler and Machinery  |   |   |
| 9.                      | Fire  |   |   |
| 10.                     | Extended Coverage   |   |   |
| 11.                     | Inland Marine   |   |   |
| 12.                     | Homeowners  |   |   |
| 13.                     | Commercial Multi-Peril  |   |   |
| 14.                     | Crop Hail   | 4000.051  | 10.40/  |
| 15.                     | Other Motorcycle  | \$839,971   | +9.4%   |
|                         | Line of Insurance   |   |   |
| Does fi                 | ling only apply to certain territory (te  | rritories) or certain classes? If so, specify:  |   |
|                         |   |   |   |
| Safec<br>made<br>increa | o's current motorcycle program is bas<br>changes we are adjusting our rates to<br>ase in BI/PD, Comp & Coll and a dec   | rates of an advisory organization, specify of sed on a competitive analysis. Since competiting our rates in-line with theirs. With the rease in Guest, Medical Payments, UIM an elop into a strong and viable player in the s | etitors in the state have recently his adjustment there is an d UMPD. |
|                         |   |   |   |
|                         |   |   |   |
|                         |   |   |   |
|                         |   |   |   |
| ** Ch                   | ljusted to reflect all prior rate changes<br>nange in Company's premium level wi<br>sult from application of new rates. | s.<br>hich will   |   |

Safeco Insurance Co of Illinois
Name of Company

Robert A. Enna-Director II IC
Official - Title

### FORM (RF-3)

### SUMMARY SHEET

| (1)<br>Coverage                          | (2) Annual Premium Volume (Illinois) *  | (3) Percent Change (+or-) **         |
|--|---|--------------------------------------|
| Automobile Liability Private             |   | -                                    |
| Passenger                                |   |                                      |
| Commercial                               |   |                                      |
| Automobile Physical Damag                |   |                                      |
| Private Passenger                        |   | •                                    |
| Commercial                               |   |                                      |
| Liability Other Than Auto                |   |                                      |
| Burglary and Theft                       |   |                                      |
| Glass                                    |   |                                      |
| Fidelity                                 |   |                                      |
| Surety                                   |   |                                      |
| Boiler and Machinery                     | **************************************  |                                      |
| Fire                                     | -                                       |                                      |
| Extended Coverage                        |   |                                      |
| Inland Marine                            |   |                                      |
| Homeowners                               |   |                                      |
| Commercial Multi-Peril                   |   |                                      |
| Crop Hail                                |   |                                      |
| Other Vehicle Service Contracts          | 80,115                                  | 17.0%                                |
| Line of Insurance                        |   |                                      |
| Does filing only apply to cert           | tain territory (territories) o          | r certain                            |
| Classes? If so,                          | tain terniory (terniories) of           | CCITAIN                              |
| specify: No.                             |   |                                      |
| specify.                                 |   |                                      |
| Brief description of filing. (If         | filing follows rates of an a            | advisorv                             |
| Organization, specify                    | <b>g</b>                                | ,                                    |
| organization):                           | We have gained key insig                | ghts on several segments of this pro |
| which allow us to propose an improved    | pricing structure in this filing. Since | there are no renewals with this prog |
| these proposed rates will not impact any | current policyholders.                  |                                      |
| *Adjusted to reflect all prior           | rate changes.                           |                                      |
| **Change in Company's pre                |   | ılt from application of new          |
| rates.                                   |   |                                      |
|  |   | riters Insurance Company             |
|  |   | me of Company                        |
|  | Michala Burakar L                       | lood of Eiling Cupport               |

Official - Title